



PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

a valid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

EPI-067191 Attorney Docket No.

First Inventor or Application Identifier Jonathan W. Nyce

LOW ADENOSINE ANTI-SENSE OLIGONUCLEOTIDE...

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EJ 664079305 US

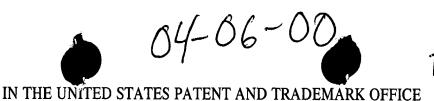
	APPLICATION ELEMENTS	Assistant Commissioner for Debut			
See MPEP o	chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231			
1.	Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing)	5. Microfiche Computer Program (Appendix)			
2. 1 S	Specification [Total Pages] preferred arrangement set forth below)	 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) 			
•	Descriptive title of the Invention	a. Computer Readable Copy			
	Cross References to Related Applications	b. Paper Copy (identical to computer copy)			
	Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix	c. Statement verifying identity of above copies			
	Background of the Invention				
	Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS			
	Brief Description of the Drawings (if filed)	7. Assignment Papers (cover sheet & document(s))			
	Detailed Description	8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney (2)			
I	Claim(s)	9. English Translation Document (if applicable)			
	Abstract of the Disclosure rawing(s) (35 U.S.C. 113) [Total Sheets]	Information Disclosure Copies of IDS			
		Statement (IDS)/PTO-1449 Citations			
l r	Declaration [Total Pages]	11. Preliminary Amendment			
a. [Newly executed (original or copy)	12. Retum Receipt Postcard (MPEP 503) (Should be specifically itemized)			
b	Copy from a prior application (37 C.F.R. § 1.63(c) (for continuation/divisional with Box 16 completed)	* Small Entity Statement filed in unity			
	i. DELETION OF INVENTOR(S)	13. Statement(s) Status still proper and desired			
	Signed statement attached deleting inventor(s) named in the prior application,	Certified Copy of Priority Document(s)			
	see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	(if foreign priority is claimed) 15 (Other: checks, cover letter			
* NOTE FOR	ITEMS 1.8.13: IN ORDER TO BE ENTITLED TO BAY SHALL FAITING	15. Other: Checks, cover letter			
UF ONE FILE	ALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT D IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).				
16. If a CO	NTINUING APPLICATION, check appropriate box, and so	upply the requisite information below and in a preliminary amendment:			
	ontinuation Divisional Continuation-in-part (CIF plication information: Examiner				
For CONTINU	IATION or DIVISIONAL APPS only . The entire disclosure a	Group / Art Unit:			
		r the prior application, from which an oath or declaration is supplied ag continuation or divisional application and is hereby i ncorporated by as been inadvertently omitted from the submitted application parts.			
	17. CORRESPONDE	as been madvertently omitted from the submitted application parts.			
		TO THE STATE OF TH			
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below					
Name	Viviana Amzel, Ph.D.				
	ARTER & HADDEN, LLP				
Address	725 South Figueroa Street				
	Suite No. 3400				
City	1104	CA Zip Code 90017			
Country	USA Telephone	(213) 430-3520 Fax (213) 617-9255			
Name (F	Name (Print/Type) Viviana Amzel, Ph.D. / Registration No. (Attorney/Agent) 30,930				
Signature	10000	Date APRIL 4, 2000			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the in dividual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent a nd Trademark Office, Box Patent Application, DC 20231.





73999\01905



SEQ, BOX

In re Application of:

: Appl. Ref.:

EPI-067191

Nyce et al.

: Atty Ref.:

73999/01905

Appl. No:

not yet assigned

: Priority:

US 60/127,958

Filing Date:

herewith

For:

LOW ADENOSINE ANTI-SENSE OLIGONUCLEOTIDE, COMPOSITIONS,

KIT & METHOD FOR TREATMENT OF AIRWAY DISORDERS

ASSOCIATED WITH BRONCHOCONTRICTION, LUNCH

INFLAMMATION, ALLERGY(IES) & SURFACTANT DEPLETION

COVER LETTER

Box: New Application

Assistant Commissioner of Patents & Trademarks Washington, DC 20231

Sir\Madam:

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Enclosed for filing are the following:

- 1. Utility Patent Application Transmittal Form
- 2. Fee Transmittal Form
- 3. Assignments (2) and Recordation form and \$40.00

I hereby certify that this paper or fee is being deposited with the United States Postal Service

- 4. U.S. Non-Provisional Paten Application
- 5. Sequence Listing, Declaration and diskette
- 6. IDS & 1449-PTO Form Listing References
- 7. Declarations (2)
- 8. Small Entity Status form
- 9. Postcard

Respectfully submitted.

ARTER & HADDEN

Attorney for Applicant

Citicorp Building 725 South Figueroa St. #3400 213-430-3520 Ph. 213-617-9255 Fax



PTO/SB/17 (12/99)
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Patent fees are subject \(\) annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

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Complete if Known						
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First Named Inventor	d han W. Nyce			. /1		
Examiner Name	n/a	,				
Group / Art Unit	n/a	.*	. 7			
Attorney Docket No.	EPI-067191	1	~6	7		

METHOD OF PAYMENT (check one)	NT (check one) FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Output Deposit De	3. ADDITION Large Entity Sm Fee Fee Fee Code (\$) Cod	Il Entity	sc∕iption i∮ee Paid	d d	
Account 01-2520	105 130 205	65 Surcharge - late filing	a fee or oath	٦	
Deposit Account Arter & Hadden, LLP	127 50 227	25 Surcharge - late provi			
Name	139 130 139	130 Non-English specifica	ation		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147	2,520 For filing a request fo	r reexamination	1	
	112 920* 112	920* Requesting publication	on of SIR prior to	7	
2. Payment Enclosed:	113 1,840* 113	1,840* Requesting publication Examiner action	on of SIR after	1	
FEE CALCULATION	115 110 215	55 Extension for reply wi	thin first month	╛	
1. BASIC FILING FEE	116 380 216	190 Extension for reply wi	thin second month		
Large Entity Small Entity	117 870 217	435 Extension for reply wi	thin third month]	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218	680 Extension for reply wi	thin fourth month	╛	
101 600 201 245 Hillian Sting Soc	128 1,850 228	925 Extension for reply wi	thin fifth month	_	
106 310 206 155 Design filing fee \$345.00	119 300 219	150 Notice of Appeal		_	
107 480 207 240 Plant filing fee	120 300 220	150 Filing a brief in support	rt of an appeal	_	
108 690 208 345 Reissue filing fee	121 260 221	130 Request for oral heari	ing	╛	
114 150 214 75 Provisional filing fee	138 1,510 138	,510 Petition to institute a	public use proceeding	╛	
	140 110 240	55 Petition to revive - una	avoidable	╛	
SUBTOTAL (1) (\$) 345.00	141 1,210 241	605 Petition to revive - uni	ntentional	1	
2. EXTRA CLAIM FEES	142 1,210 242	605 Utility issue fee (or re	issue)	1	
Fee from Ext <u>ra Claims below</u> Fee Paid	143 430 243	215 Design issue fee		1	
Total Claims 91 -20** = 71 X 9 = 639	144 580 244	290 Plant issue fee		┥.	
Independent 1 - 3** = 0 X = 0	122 130 122	130 Petitions to the Comm	issioner	1	
Multiple Dependent =	123 50 123	50 Petitions related to pro	ovisional applications	1	
**or number previously paid, if greater; For Reissues, see below	126 240 126	240 Submission of Informa	ation Disclosure Stmt	┨	
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581	40 Recording each paten property (times number		\dashv	
103 18 203 9 Claims in excess of 20	146 690 246	345 Filing a submission af		\dagger	
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 690 249	(37 CFR § 1.129(a)) 345 For each additional in		4	
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	examined (37 CFR §	1.129(0))	+	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)			†	
SUBTOTAL (2) (\$) 639.00	*Reduced by Basic	Filing Fee Paid SUB	TOTAL (3) (\$) 40.00	Ī	

SUBMITTED BY				Complete (f applicable)
Name (Print/Type)	Viviana Amzel,	Ph.D	Registration No. (Attorney/Agent) 30,930	Telephone	(213) 430-3520
Signature	Kuaw) / Neval	1	Date	April 4, 2000
	WARNING:	- 00 0 - 	\		

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